DRUG UTILIZATION REVIEW BOARD Meeting Minutes, Open Session November 9, 2005		
DRUG UTILIZATION REVIEW BOARD Meeting Minutes, Open Session EDS/White Lakes Mall Wichita/Kansas City Room Topeka, Kansas November 9, 2005	**Members Present:** Dennis Grauer, Ph.D.; Linda Kroeger, ARNP; R. Kevin Bryant, M.D. C.M.D.; Roger Unruh, D.O., Michael Burke, M.D., Ph.D.; Brenda Schewe, M.D., Tom Wilcox, R. Ph.; Kevin Waite, PharmD **SRS Staff Present:** Anne Ferguson R.Ph.; Mary Obley R.Ph.; Wanda Pohl **EDS Staff Present:** Nancy Perry, RN; Karen Kluczykowki, R.Ph.	**Representatives:** Jason Crowe, PharmD (ACS Heritage); Mike Moratz, (Merck), Brad Barrows (Merck), Elizabeth Stolz (Ortho McNeil Janssen), Mark Juhn (Pfizer), Jerry Roth (Steere), Mike Cattaneo (Pfizer), Bill Giltner (Pfizer), Pat Evans (BMS), Stephanie Miller (Amgen), Dale Roof (TPNA), Dan Garcia (TPNA), Randy McGinley (Berlex), Colette Wunderlich (Astra Zeneca), Jim Baumann, (Pfizer), Mary Beth Webb (Boehringer-Ingelheim), Jason Neef (Sepracor).
TOPIC	**DISCUSSION**	**DECISION AND/OR ACTION**
I. Call to Order	• Dr. Michael Burke Chair called the Open Meeting of the Drug Utilization Review Board to order at 10 a.m.	
II. Announcements	• Anne explained the process to follow if speaking during the public comment period. She also corrected the agenda. It reads next DUR Meeting is November 9, 2005. It should read January 11, 2006.	
III. Review and Approval of September 14, 2005 Meeting Minutes	• Dr. Schewe stated that on page 4 the final vote is not noted in the draft.	• Dr. Unruh made a motion to approve the minutes with amendment to complete the final vote for section VB3 seconded by Dr. Bryant. The motion carried unanimously by roll call. • Anne will make the correction to the minutes.
IV. New Business A. Elect DUR Board Chair	• Dr. Burke asked for nominations. • Mr. Wilcox stated during his short term as a Board member, he has been impressed with Dr. Burke's abilities as Board Chair and would like to nominate him for another term. • No other nominations were made.	• Dr. Wilcox nominated Dr. Burke and seconded by Dr. Unruh. The roll call vote carried unanimously. Dr. Burke abstained from the vote. Dr. Burke will remain Chair for another one year term.

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B. Heritage-Annual Program Assessment	• Jason Crowe presented the Annual Program Assessment from July 2004 through June 2005. • Jason reported the highest paid six drug classes for the program: psychotherapeutic agents, CNS agents, gastrointestinal agents (GI), cardiovascular agents, anti-infective, and analgesics. • Jason commented that it is unusual to see analgesics in the top 6 drug classes. He also reported the top two agents used for each category. He stated that generic utilization was high in the psychotherapeutic agents, in particular the Serotonin re-uptake inhibitors (SSRI's). • Dr. Schewe questioned whether the Preferred Drug List (PDL) was driving selection of the top agents, specifically Nexium® in the GI agents. Karen K. (EDS) stated that Nexium® was added to the PDL in November, 2004. It was determined that the PDL has some influence on the top agents in each class. • Dr. Burke inquired about generic substitution and if it was required. Mary stated that we have a policy that requires substitution of a brand name drug if a therapeutically equivalent generic is available. A prior authorization (PA) must be obtained for the brand name drug to be approved for reimbursement.	

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B. Heritage-Annual Program Assessment Continued	• Jason presented three intervention topics appropriate to the program: medication compliance, chronic short acting opiates with no concurrent long acting opiate, and long acting opiate concurrent with overuse of short acting opiates. The Board will select two topics. • Dr. Burke would like to receive the program assessment in advance in the future in order to have adequate time to review prior to the meeting. • Dr. Grauer questioned why we were eliminating mental health agents from the medication compliance intervention. Anne explained the Division of Health Policy and Finance (DHPF) will be participating in the Comprehensive NeuroScience (CNS) project which will be targeting these agents for Retro-DUR interventions. • Dr. Schewe asked for explanation why there were zero candidates under cardiovascular in the medication compliance information. Jason stated this is a misprint. • The Board reviewed the sample letters that will be sent for the opiate interventions. Dr. Burke would like to see information accompany the letter to assist the prescriber in drug selection. Dr. Waite stated at minimum, a chart with equi-analgesic dosing should be included with the letter. Dr. Burke stated the opiate intervention is a quality of care intervention and cost savings may not be an outcome.	• Jason will attempt to provide information regarding the Annual Program Assessment to the DUR Board two weeks in advance of the yearly presentation.

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B. Heritage-Annual Program Assessment Continued	• Anne questioned whether all prescribers are notified if patient has multiple providers. Jason stated yes, but providers are not identified by name. • Dr. Waite recommends screening for overuse of short acting opiates and send one modified letter to address both issues. Discussion surrounded changes to be made to the letter in order to address both opiate issues with one mailing. • With no further Board discussion a motion was placed before the Board.	• The board would like the following modifications made to the first letter: A bold , colored , web-link at the bottom of the page to the Kansas Pain Guidelines adopted by the Peer Education Resource Council (PERC); enclose an equi-potent dosing chart; strike the fifth paragraph, strike the seventh sentence of first paragraph, strike the economic statement in second paragraph; move first statement of second paragraph to end of second sentence in first paragraph; add the word "or" after "and" in first paragraph, fourth sentence; add the word "misuse" at end of first sentence in third paragraph. • Jason will send the equi-potent chart and modified letter to Anne. Anne, Mary and Dr. Burke will approve the final letter. Anne will forward final letter to other board members. • A motion was made by Dr. Bryant to approve the medication compliance intervention and short acting opiate intervention which will be modified to include patients taking both long and short acting opiates.

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B. Heritage-Annual Program Assessment Continued		• The motion was seconded by Dr. Grauer. The motion carried unanimously by role call. Dr. Burke stated since no changes were made to the medication compliance intervention proposal, it can be mailed first.
C. Phentermine-weight loss criteria 1. Prior Authorization Criteria 2. Public Comment 3. DUR Recommendation	• Anne supplied a draft of the weight loss prior authorization criteria to include phentermine. She reviewed this information for Board approval. • No Public comment. • Dr. Burke requested to remove the statement "and only" from approval period to read: may be approved once during the year for a three week time frame if the patient meets the following criteria… • With no further Board discussion, a motion was placed before the Board.	• A motion was made by Mr. Wilcox to approve the drafted PA criteria for Phentermine. The motion was seconded by Dr. Schewe. The motion carried unanimously by role call.
D. Lyrica® 1. a. Consider diagnosis code restriction or Prior Authorization	• Anne gave background information on the new medication Lyrica® and reviewed approved indications in comparison to Gabapentin. Gabapentin lacks the indication of neuropathic pain associated with diabetic peripheral neuropathy, but carries other similar indications. The DUR Board determined in March, 2005 to allow gabapentin for neuropathic pain and epilepsy. A policy will be implemented in January, 2006 which requires ICD-9 codes for one of these diagnoses to be submitted at the point of sale by the pharmacist in order for the gabapentin claim to pay.	

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D. Lyrica® continued 2. Public Comment	• Anne stated there may be a market shift from gabapentin to Lyrica®. Lyrica® is more costly than gabapentin. A difference in average cost per script of $38.33was calculated using data from 2005 claims. Depending on the percent of market shift, increased cost to the program could be significant. • Anne would like the Board to make a recommendation in regards to Lyrica®; should it be placed on prior authorization or restricted to specific diagnosis codes similar to restrictions placed on gabapentin. A draft PA criteria was reviewed as well as a review of the ICD-9 codes approved for gabapentin by the Board in March, 2005. • Jim Baumann and Dr. Mark Juhn from Pfizer presented information about Lyrica®. Dr. Juhn feels the FDA approved indication of Diabetic Peripheral Neuropathy and the linear pharmacokinetics of Lyrica® distinguish it from gabapentin. They are not in favor of placing Lyrica® on PA, but are comfortable with restricting it to diagnoses codes similar to gabapentin. • Dr. Schewe asked if there are any head to head trials with gabapentin. Dr. Juhn stated no. • Anne pointed out the molecular similarity of the two drugs and stated lower daily dosing for Lyrica® vs. Gabapentin was reflected in the average cost difference per script.	

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D. Lyrica® continued 3. DUR Recommendation	• Dr. Burke felt we should adopt the proposed limits on pregabalin (Lyrica®) of 3 units/day NTE 600mg/day and at least 18 years old. • Dr .Waite questioned the limits on pregabalin. Anne explained it would be most cost effective as all units are priced the same and dosing is outlined in the package insert to be TID and 600mg/day as max dosing. • With no further Board discussion, a motion was placed before the Board.	• A motion was made by Dr. Bryant to restrict pregabalin (Lyrica®) to epilepsy and neuropathic pain using the same ICD-9 codes required for gabapentin and to edit for age of 18 and older and quantity limits of 3 units per day NTE 600mg/day. The motion was seconded by Dr. Schewe. The motion carried unanimously by roll call.
E. Humira® 1. Update Prior Authorization Criteria-New indication 2. Public Comment 3. DUR Board Recommendation	• Anne reviewed the new indication for Humira® of Psoriatic Arthritis and the updated draft PA criteria to cover the new indication. The topic was raised; does the Board want to allow dermatologist to prescribe Humira®. • No public comment. • Dr. Burke questioned if we allow dermatologist to prescribe Remicade®. Anne stated dermatologists were not added to the criteria for Remicade® when last updated. Dr. Burke felt we should keep the criteria consistent. • With no further Board discussion, a motion was placed before the Board.	• A motion was made by Dr. Schewe to accept the draft PA criteria for Humira® and seconded by Dr. Waite. The motion carried unanimously by roll call.

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F. Lunesta® and Rozerem® 1. Discuss Monthly Quantity Limits 2. Public Comment 3. DUR Board Recommendation	• Anne reviewed the proposed quantity limits for the newer non-benzodiazepine sedative hypnotics to reflect the current policy for Ambien® and Sonata®. Anne also would like Board recommendation for editing among the agents. Currently, there are no restrictions to disallow dispensing of two different agents during the same month. The quantity restriction only edits among the same agent of differing strengths. • Dr. Garcia (Takeda) gave information regarding Rozerem® • Dr. Schewe questioned if they have any studies comparing Rozerem® to melatonin. • Dr. Garcia stated the NIH concluded melatonin is not an efficacious hypnotic, so no studies were performed. • Mr. Wilcox inquired to the price of Rozerem® in comparison to other agents in this category. Mr. Roof (Takeda) responded 25-30% less. • Dr. Waite questions whether Rozerem® should be on the same audit since the mechanism of action differs. Ms. Kroeger stated it might be plausible to use Rozerem® and another agent if patient is unresponsive to first agent. Dr. Garcia commented that he is not aware of any studies on this topic. • Dr. Schewe felt since Lunesta® and Rozerem® have been approved for long term use perhaps they should be excluded from the cross edit among agents. Dr. Burke requested information on the mechanism of action for Lunesta®. .	

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F. Lunesta® and Rozerem® continued	Jason Neff (Sepracor) stated Lunesta® has a mechanism of action similar to Ambien® and Sonata®. • With no further Board discussion, a motion was placed before the Board.	• Two motions were made. 1. Dr. Grauer motioned to set quantity limits for Lunesta® (31 units in any combination per month) and Rozerem® (31 units per month) and seconded by Dr. Bryant. The motion carried unanimously by roll call. 2. Dr. Schewe motioned to cross edit for combination (disallow combination of the following agents in amounts greater than the monthly quantity limits) of Lunesta®, Ambien® (all forms) and Sonata® seconded by Dr. Waite. The motion carried unanimously by roll call.
V. Adjournment		• A motion was made by Dr. Bryant to adjourn the meeting and seconded by Dr. Schewe. The motion carried unanimously by roll call.